

**Board of Chiropractic Examiners**

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Consumer Complaint Hotline: (866) 543-1311

<http://www.chiro.ca.gov>

## Application for a Certificate of Registration as a Chiropractic Corporation

Pursuant to Business and Professions Code section 1051 and Title 16, California Code of Regulations section 367.5 you are required to submit to the Board, for approval, an application to register as a chiropractic corporation. **A \$100.00 nonrefundable fee must be submitted with this application.** Please type or print neatly. When space provided is insufficient, attach additional sheets of paper. All attachments are considered part of the application.

The name of the corporation and any name or names under which it may be rendering professional services shall contain and be restricted to the name or the last name of one or more of its present, prospective, or former shareholders, and include the word "chiropractic," and the word "corporation" or wording or abbreviations denoting corporate existence, limited to one of the following: "Corp."; "Incorporated"; "Inc."; "Professional Corporation"; "Prof. Corp."

You must include, with this application, *certified Articles of Incorporation* from the Secretary of State.

**ALL BLANKS MUST BE COMPLETED. IF NOT APPLICABLE, ENTER N/A**

Name of Corporation					Telephone number (   )	
Corporation Practice Address	Number	Street	City	State	Zip Code	
Contact Person:					Telephone number (   )	

**Corporate Officers/Directors** (a name must be entered for each officer/director)

PRESIDENT Name	Address and Telephone Number	License No.
VICE PRESIDENT Name		
SECRETARY Name		
TREASURER Name		
Name and Title		
Name and Title		
Name and Title		
Name and Title		
Name and Title		

Receipt # \_\_\_\_\_

Office Use Only	
<input type="checkbox"/> Articles of Inc. Date cashiered _____	

**Shareholder(s)** (if additional space is needed, please attach a separate sheet)

Name	Address and Telephone Number	Licensed as, License no.	% of shares

**List all licensees who will render professional services** *(even if they are also directors, officers or shareholders.)*

Name	Address and Telephone Number	License no.

**DECLARATION OF APPLICANT**

I am an officer of \_\_\_\_\_ Corporation and as such make this declaration on  
(name of corporation)

behalf of said corporation. I have read the foregoing application and all attachments thereto and know the contents thereof. I declare, under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

Executed at \_\_\_\_\_, California, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

NOTE: Must be executed by an officer  
who is a licensed chiropractor.

By \_\_\_\_\_

Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title